

1 L. ALDANA-BERNIER

2 A. When they bring in a patient  
3 very agitated, combative, violent,  
4 depending on the nature of their call,  
5 I'm sure they were being brought by  
6 handcuffs.

7 Q. And do you recall as you sit  
8 here any of names of any of those  
9 patients?

10 A. No.

11 Q. And do you recall as you sit  
12 here a gentleman named Adrian Schoolcraft  
13 from only your memory?

14 A. Hold on. You're saying from my  
15 memory?

16 Q. Yes.

17 A. Because I have been reading the  
18 chart.

19 Q. Independent of the records, do  
20 you have any memory of Adrian  
21 Schoolcraft?

22 MR. CALLAN: Objection to the  
23 form of the question.

24 You can answer.

25 A. No, I don't.

1 L. ALDANA-BERNIER

2 Q. Okay. Can't describe him  
3 physically, can you?

4 A. No.

5 Q. So am I correct that your  
6 entire memory of any care or treatment  
7 you may have rendered to Mr. Schoolcraft  
8 is contained in the hospital chart of  
9 Jamaica Hospital?

10 MR. RADOMISLI: Objection to  
11 form.

12 MR. CALLAN: I join in the  
13 objection.

14 You can answer.

15 A. From it, yes.

16 Q. So your memory of care and  
17 treatment of Mr. Schoolcraft comes from  
18 the notes contained in the hospital chart  
19 of Jamaica Hospital, correct?

20 A. Yes.

21 Q. And prior to coming here today,  
22 did you review any documents?

23 A. The same, yes.

24 Q. What did you review?

25 A. The records [indicating].

1 L. ALDANA-BERNIER

2 A. The psych ER.

3 Q. And that wasn't done with Mr.  
4 Schoolcraft, correct?

5 A. Because we did not have a CPEP  
6 then.

7 Q. What does that stand for?

8 A. Community psychiatry emergency  
9 -- I do not have the whole name, sorry.

10 Q. But Jamaica Hospital has one  
11 now?

12 A. It has one, yes.

13 Q. When looking at Exhibit 70, is  
14 it your understanding this sets out what  
15 is required under 9.39 of the mental  
16 health law to admit someone under the  
17 mental health law?

18 MR. CALLAN: Objection to form.

19 MR. LEE: Objection to the form.

20 A. I want you to rephrase that  
21 one.

22 Q. Sure.

23 What is the standard set out in  
24 this document, if you know?

25 MR. CALLAN: Do you want her to

1 L. ALDANA-BERNIER

2 read the document, a summary?

3 MR. SUCKLE: I want to know her  
4 understanding of it.

5 MR. CALLAN: I object. It's a  
6 three-page piece of paper. It speaks  
7 for itself.

8 Objection to the form of the  
9 question.

10 Q. Do you know what this is?

11 A. Yes, it's a New York Mental  
12 Hygiene Law, that's careful attention  
13 with preservation of their legal rights  
14 as well as their safety.

15 Q. Is this the policy of Jamaica  
16 Hospital?

17 A. To do a 9.39?

18 Q. Is this document a policy of  
19 Jamaica Hospital?

20 A. It's showing in here Jamaica  
21 Hospital Department of Psychiatry Manual.

22 Q. Is it a policy of Jamaica  
23 Hospital, a written policy?

24 A. A written policy, yes.

25 Q. Do you endeavor to follow the

1 L. ALDANA-BERNIER

2 policies of Jamaica Hospital, the written  
3 ones?

4 A. The written, yes.

5 Q. In dealing with Mr.  
6 Schoolcraft, did you endeavor to follow  
7 the policy set forth here as Exhibit 70?

8 MR. CALLAN: Well, this says it  
9 was revised 4/10.

10 MR. SUCKLE: I asked her if she  
11 knew what --

12 MR. CALLAN: Well, we don't  
13 know.

14 MR. SUCKLE: It doesn't say  
15 revised. It says reviewed. Please  
16 don't speak. I asked her about --

17 MR. CALLAN: Are you making a  
18 representation this was the policy  
19 that was in effect at the time that  
20 Mr. Schoolcraft were seen?

21 MR. SUCKLE: I'm asking if she  
22 followed this policy, endeavored to  
23 follow this policy, whether it was in  
24 effect or not she can tell me.

25 MR. LEE: Objection to form.

1 L. ALDANA-BERNIER

2 A. It's saying in here, "Patient  
3 alleged to have a mental illness for  
4 which immediate observation, care, and  
5 treatment in a hospital is appropriate  
6 and which is likely to result in serious  
7 harm to himself or others may be admitted  
8 under this provision for a period of 15  
9 days."

10 Q. The question is: Did you  
11 endeavor to follow this policy in your  
12 care and treatment of Mr. Schoolcraft?

13 A. At that point in 2009, I  
14 thought -- I believe that he may be a  
15 danger to others or to himself because of  
16 that point in time if you go back to the  
17 story where he was brought to the  
18 hospital because he was acting bizarre  
19 and agitated and he was paranoid. I  
20 think he was a danger to others or to  
21 himself.

22 Q. Is your answer, yes, you tried  
23 to --

24 A. That's what I'm saying, yes.

25 Q. Under this policy, under number

1 L. ALDANA-BERNIER

2 1 is "a substantial risk of physical harm  
3 to himself as manifested by threats of or  
4 attempts at suicide."

5 Did he manifest threats or  
6 attempts at suicide?

7 MR. SHAFFER: Objection.

8 MR. CALLAN: Objection.

9 Q. Did Mr. Schoolcraft manifest  
10 threats or attempts at suicide?

11 A. You have to finish.

12 Q. We are going to break it down.  
13 We are going to go one by one?

14 MR. CALLAN: Objection.

15 MR. SUCKLE: That's the  
16 question.

17 MR. CALLAN: Objection to the  
18 form of the question.

19 MR. SUCKLE: Noted. She can  
20 answer.

21 MR. CALLAN: The doctor said you  
22 left something out. You are reading  
23 incomplete sentences from a three-page  
24 document.

25 MR. SUCKLE: I'm asking

1 L. ALDANA-BERNIER

2 questions. In my horrific stumbling  
3 way, I'm asking a question.

4 Q. Doctor, did you admit Mr.  
5 Schoolcraft because he was a substantial  
6 risk of physical harm to himself as  
7 manifested by a threat or attempt at  
8 suicide?

9 A. Sir --

10 Q. Just yes or no.

11 A. Sir, you have to complete the  
12 statement.

13 Q. I don't have to do anything.  
14 You have to answer questions.

15 MR. SHAFFER: Objection.

16 A. "Or other conduct demonstrating  
17 he is a danger to himself."

18 Q. We're going to get there. I  
19 know that part. I'm asking you a  
20 question.

21 A. That's what I based --

22 Q. We are going to get to what you  
23 based your opinion on. I'm asking you:  
24 Did you base it on that he was a  
25 substantial risk of physical harm to



1 L. ALDANA-BERNIER

2 himself as manifested by a threat of or  
3 attempt at suicide?

4 MR. CALLAN: Objection, asked  
5 and answered.

6 MR. SUCKLE: Not answered yet.

7 Q. Yes or no?

8 MR. CALLAN: Objection, asked  
9 and answered.

10 Q. Can you answer, please?

11 A. A potential risk, yes.

12 Q. So you say he manifest by a  
13 threat or attempt at suicide; it that  
14 what you're saying?

15 A. A potential risk.

16 Q. Did he manifest by a threat of  
17 suicide?

18 A. It's the behavior that he came  
19 in with to the emergency room. I saw he  
20 was a potential risk that he might hurt  
21 himself or hurt others. That's a  
22 potential risk.

23 Q. So potential risk was the  
24 reason that you held him, correct?

25 A. That's the reason that I was

1 L. ALDANA-BERNIER

2 thinking that he needs admission.

3 Q. And the potential of that risk  
4 you've described to us already today?

5 A. I did, yes.

6 Q. And this potential of a risk,  
7 did the doctor who saw him within the  
8 48-hour period to confirm his admission  
9 also tell you that he was concerned about  
10 the potential risk?

11 MR. RADOMISLI: Objection.

12 MR. LEE: Objection to the form.

13 MR. CALLAN: I join in the  
14 objection.

15 Q. Did he tell you he was  
16 concerned about the potential risk that  
17 you've just described?

18 MR. LEE: There's been no  
19 testimony she ever talked to him.

20 MR. SUCKLE: She can say that if  
21 that's the answer.

22 A. If you read the notes, I wasn't  
23 there for him to tell me that. As I read  
24 his notes, I can see he was a potential  
25 risk.

1 L. ALDANA-BERNIER

2 Q. This potential risk that you're  
3 talking about, did he have this potential  
4 risk when you last saw him?

5 A. I'm not basing it only to one  
6 day. I'm basing it from the beginning  
7 that he came into the hospital.

8 Q. And this potential risk, is  
9 there any other risk besides that  
10 potential risk that you just described as  
11 the reason that you held him?

12 A. What risk are you thinking of?

13 Q. I'm not thinking of any.

14 MR. CALLAN: Do you want her to  
15 repeat herself again?

16 MR. SUCKLE: No, I want to make  
17 sure there are no other ones.

18 Q. Is that potential risk that you  
19 just described the only reason that you  
20 held him?

21 A. The same reason I think when I  
22 see a patient, it is a potential risk and  
23 danger to others, and I make the decision  
24 I have to admit the patient.

25 Q. And when you say "potential

1 L. ALDANA-BERNIER

2 risk," can you quantify that for me at  
3 all what you mean by potential?

4 A. The patient comes in barricaded  
5 himself, acting bizarre. He was brought  
6 in from his house. It was a police  
7 officer who may have access to weapons,  
8 easy for him to have access to weapons.  
9 He is paranoid. I would think that maybe  
10 it would be safe if the patient will be  
11 admitted.

12 Q. So your thought he might be  
13 safe if he was admitted?

14 A. If he was admitted.

15 Q. That's what you were talking  
16 about when you say potential risk,  
17 correct?

18 A. All of the above that I told  
19 you.

20 Q. Can you quantify what you mean  
21 by potential risk as far as the  
22 likelihood of risk? This word  
23 "potential" that you have been using, can  
24 you quantify that for me?

25 A. When you say "quantify," what

1 L. ALDANA-BERNIER

2 do you mean?

3 Q. Sure.

4 Well, you used the word  
5 "potential." I would like to know what  
6 you mean by potential.

7 A. If you think of the navy yard  
8 disaster, was he an officer or army man?  
9 He was so quite, no one ever found out  
10 what was going on with him. So what  
11 happened then?

12 Or if you look at all of those  
13 -- the Range Rover. Who are all of these  
14 people that caused that? They are all  
15 police officers.

16 So if I think then I have to  
17 make sure that when I see a patient in  
18 the ER, I have to think in the future  
19 that there will be no disaster, there  
20 will be no destruction, or no one will  
21 get harmed when they were discharged from  
22 the ER.

23 Q. I was asking about what you  
24 meant by potential.

25 A. That's the potential.

1 L. ALDANA-BERNIER

2 Q. So if there is any potential at  
3 all, you want to make sure that the  
4 patient is safe, correct?

5 A. Correct.

6 Q. And if there is any potential  
7 at all, you want to make sure the  
8 community is safe, correct?

9 A. That's correct.

10 Q. And if there is any potential  
11 at all, you were going to admit Mr.  
12 Schoolcraft, correct?

13 MR. LEE: Objection to form.

14 A. With all of those reasons, yes,  
15 I would have to admit him.

16 Q. When you admitted him to the  
17 emergency room, there were certain rules  
18 and regulations --

19 MR. SUCKLE: Withdrawn.

20 Q. When he was admitted to the  
21 psych floor, there were certain rules and  
22 regulations in the psych ward, correct,  
23 about clothes they wear, what hours  
24 visitors can come, correct?

25 A. Yes.

1 L. ALDANA-BERNIER

2 Q. It's not like they are free to  
3 have anybody come and visit any time they  
4 want, correct; is that true?

5 A. That's correct.

6 Q. I will show you what's been  
7 marked as Exhibit 71.

8 Now, do you know what that is?

9 A. [No response.]

10 Q. Do you know what that is?

11 A. It's the policy of visiting  
12 hours.

13 Q. Were those the policies in  
14 effect when Mr. Schoolcraft was on the  
15 psychiatric floor at Jamaica Hospital in  
16 2009?

17 A. Okay, this policy is for the  
18 inpatient unit.

19 Q. During the time that Mr.  
20 Schoolcraft was at Jamaica Hospital, was  
21 he in the inpatient unit?

22 A. I did not work in the inpatient  
23 unit.

24 Q. I understand.

25 Was he in the inpatient unit?